

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NJS	13	04/19/02
O.I.P.E. CLASSIFIER	LTF	600105	4/25/02
FORMALITY REVIEW	LTF	600105	6-14-02
RESPONSE FORMALITY REVIEW	LTF	600105	7-28-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	4/19/02
Original	4/19/02
33	4/19/02
1	4/19/02
2	4/19/02
3	4/19/02
4	4/19/02
5	4/19/02
6	4/19/02
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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